

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Wobbe Northwester Medical Billing Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2545 Chicago Ave, Mpls, MN

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360091-5

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

MINNESOTA STUDIES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OF HER COMPENSATION AUTHORIZED UNDER SECTION 59.44, CLAUSES 9 TO 9L, PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Dr

Dr not

Prescriber

Prescriber

AMT

11/10/98

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

Genetco, Inc.

711 Union Parkway — Ronkonkoma, N.Y. 11779
516-585-1000
800-969-8007
Fax: 516-585-1289

**RECEIVED AT
NOV 16 1998
MINNESOTA BOARD
OF PHARMACY**

November 11, 1998

Mr. David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue SE, #530
Minneapolis, MN. 55414-3251

SUBJECT: Gifts to Practitioners

We are in receipt of your letter regarding gifts. Genetco has not given any gifts to Practitioners in the state of Minnesota, during the calendar year of 1998.

Sincerely Yours,

Carol Reinhold
President



November 12, 1998

Minnesota Board of Pharmacy
2829 University Avenue SE
Suite 530
Minneapolis, MN 55414-3251

Dear Board of Pharmacy:

Please be advised that our offices have moved to a new location. Our new address is:

Biotech America, Inc.
12635 Hemlock
Overland Park, KS 66213

Also, please note our mailing address as P.O. Box 27242, Shawnee Mission, KS 66225-7242. You may contact us at (913) 685-0029. Our License number is 360772-7. Thank you.

Sincerely,

Jeff McEnroe
General Manager

913-685-2381 Fax

888-800-4050

913-685-0029

KS 66225-7242

Shawnee Mission

P.O. Box 27242

~~12635 Hemlock St.~~

12635 HEMLOCK

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NOV 16 1998
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

0 -

None



Hy-Vee, Inc.

5820 Westown Parkway, West Des Moines, Iowa 50266

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NOV 16 1998

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Fleming Companies, Inc. 1637 St. James St. P.O. Box 1957 La Crosse WI 54602-1957

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A			

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MINNESOTA BOARD
OF PHARMACY

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McKesson Drugs

300375-8

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3230 SPRUCE ST. LITTLE CANADA, MN

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

MD

ACTIVITY

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

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RECEIVED AT

NOV 16 1998

MINNESOTA BOARD OF PHARMACY

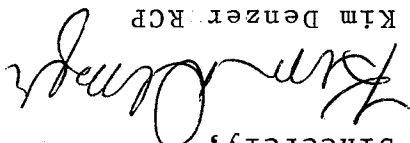
MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251



Praxair Medical
 1610 3rd Avenue, S.E.
 Rochester, Minnesota 55904
 Tel (507) 282-1952
 Tel (800) 776-0120
 Fax (507) 282-4295

TO: MINNESOTA BOARD OF PHARMACY
 2829 UNIVERSITY AVE SE #530
 MINNEAPOLIS, MN 55414-3251
 FROM: PRAXAIR MEDICAL
 KIM DENZER RCP
 DATE: NOVEMBER 17, 1998
 RE: GIFTS TO PRACTITIONERS

PRAXAIR MEDICAL does not compensate our doctors by giving them gifts. We try to build a relationship with them by giving the best possible service that we can. Please call if you have any questions. Thank You.

Sincerely,

 Kim Denzer RCP
 Praxair Medical

